Application or Docket Number

	PATENT	APPLICATION Effect	tive Octob	RD		1019	:26	'uso	,				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS	,	28				RAT	Έ	FEE	7	RATE	FEE	
FC)R		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385:00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	25 _ minus 20=		* &		XS 9) <u>=</u>		OR	X\$18=	ICIN.	
IND	DEPENDENT C	LAIMS	3mi	nus 3 =	·Ø		X43	=		OR	X86=	17710	
MULTIPLE DEPENDENT CLAIM PRESENT							+145	; <u> </u>		OR	÷290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							ТОТ	_		OR	TOTAL	91410	
	С	,	ı	-] ~	OTHER							
(Column 1) (Column 2) (Column 3)								LLE	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
AME	Independent	*	Minus	***	CI AINA	=	X43=	-		OR	X86=	·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								=		OR	+290=		
								AL		OR	TOTAL		
		(Column 1)	ADDIT. F	EE L			ADDIT. FEE	·					
MENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	'★	Minus	**	•	=	X\$ 9:	-		OR	X\$18=		
_	Independent	*	Minus	***		=	X43=			OR	X86=		
	FIRST PRESE	+145:				+290≈							
							TOT	AL		OR	TOTAL		
(Column 1) (O-1 0) (O-1								EE L		On A	ADDIT. FEE		
MEN		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIOU PAID F	ST ER JSLY	(Column 3) PRESENT EXTRA	RATE		ADDI- IONAL FEE	ſ	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		≟	X\$ 9=			OR	X\$18=		
	Independent		Minus	***		=	X43=	+		ı	X86=		
4	FIRST PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		A-3-	+		OR	700=		
* 1f	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
T	he "Highest Numi	ber Previously Paid	For (Total or	Independer	nt) is the	highest number	found in the	appro	priate box	in colu	ımn 1.	l	

FORM PTO-875 (Rev 10/03)